



Office of Admissions
1530 Harden Street Columbia, SC 29204
Office: (803) 376-5735 • Fax: (803) 799-3042

ENROLLMENT CONFIRMATION FORM

Please complete this form to confirm your intent to enroll at Allen University.

Student Legal Name: _____

Permanent Address: _____

City, State, Zip Code: _____

Permanent Telephone: _____

Cell Phone: _____

Enrollment Term: Fall 20____ Spring 20____ Summer 20____

Date of Birth (MM/DD/YYYY): _____ Gender: Male Female

Email Address: _____

Check ALL that apply:

- I will enroll at Allen University.**
- I am no longer considering Allen University. Please withdraw my application for Admission. I will be attending another institution. I will be attending _____.
- I request residential housing.
- I will be a commuter.
- I am planning to bring a car and park on campus.
- I am an Athlete.

Signature: _____ Date: _____

Return Completed Form To:

Allen University
Office of Admissions
1530 Harden Street
Columbia, SC 29204

OR Fax to (803) 799-3042